



PART B - FEE(S) TRANSMITTAL

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21559 7590 03/30/2006

CLARK & ELBING LLP
101 FEDERAL STREET
BOSTON, MA 02110

06/12/2006 AKELECH2 00000017 00989981

01 FC:2501 700.00 OP
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Christine E. Fort	(Depositor's name)
<i>Christine E. Fort</i>	(Signature)
June 7, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/989,881	12/12/1997	JEN SHEEN	08472/16002	9398

TITLE OF INVENTION: STRESS-PROTECTED TRANSGENIC PLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	06/30/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
COLLINS, CYNTHIA E	1638	800-289000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Clark & Elbing LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The General Hospital Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies _____

4b. Payment of Fee(s):

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date June 7, 2006

Typed or printed name _____

James D. DeCamp

Registration No. 43,580

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